

**INITIAL APPLICATION FOR ACUPUNCTURE LICENSURE**  
**INSTRUCTIONS AND CHECKLIST**

**APPLICATIONS WILL NOT BE REVIEWED OR PROCESSED WITHOUT APPLICATION FEE**

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. Do not submit two-sided copies of the application or documentation. **For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.**

- ☐ Applicant must be at least 21 years of age and of good moral character.
- ☐ Applicant must submit a completed application with the correct application fee. The fee to become a licensed Acupuncturist is \$300.00. The check should be made payable to the Composite State Board of Medical Examiners.
- ☐ Applicant must provide proof of certification by **National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)**. You must contact NCCAOM to have them mail your certification documentation directly to the Composite State Board of Medical Examiners. If you need to sign up for the NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine), please contact NCCAOM **directly** to apply. **The Composite State Board of Medical Examiners is not responsible for your examination application to NCCAOM.** You may write or call NCCAOM to request your documentation:

National Certification Commission for Acupuncture and Oriental Medicine  
11 Canal Center Plaza, Suite 300  
Alexandria, Virginia 22314  
PHONE: (703) 548-9004

- ☐ Applicant must provide proof of completion of a Clean Needle Technique Course and Practical Examination (CNT) approved by CCAOM. You may contact the following organization for additional information:

Council of Colleges of Acupuncture and Oriental Medicine  
3909 National Drive, Suite 125  
Burtonsville, MD 20866  
PHONE: 301-476-7790 FAX: 301-476-7792  
WEB ADDRESS: [www.CCAOM.org](http://www.CCAOM.org)

You must contact CCAOM directly to obtain this certification and/or verification.

- ☐ Applicant must provide proof of Liability Insurance in the amount of \$100,000/\$300,000. You must contact your insurance carrier and have them provide "proof of professional liability insurance" directly to the Composite State Board of Medical Examiners.
- ☐ Before any person licensed to practice acupuncture who has **less** than one year of post graduate clinical experience may practice on his/her own, such person must engage in one year of **active** practice under the supervision of a licensed acupuncturist who has had a minimum of 4 years of active licensed clinical practice. This supervising acupuncturist may be licensed in Georgia or any other state or country with licensing requirements substantially equal to Georgia's requirements and may accumulate the required four years of active licensed clinical practice in any combination of states, so long as the licensing requirements are equal to Georgia's. (The Verification of the Practice of Acupuncture Form must be completed).
- ☐ Applicant must provide three (3) letters of reference; one (1) of which must be from a physician authorized to practice acupuncturist in Georgia, or practicing acupuncturist licensed in Georgia, where the applicant has been practicing, or a physician familiar with your practice; and two (2) letters from practicing acupuncturists who are familiar with your practice.
- ☐ Verification of licensure from any state where licensed (inactive/active). Please provide the Board with the name, address and telephone number of the state board where you are or were previously licensed to practice Acupuncture.
- ☐ Applicant must read the Rules and Laws relating to Acupuncturist and complete the **Adherence Statement** acknowledging having received and read.

**NOTE: The law specifically prohibits dividing or agreeing to divide a fee for acupuncture services with any person who refers a patient.**